

Name: _____

City of Lincoln



Supplemental Life Simplified Medical Underwriting Application

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Please answer the following questions by checking yes or no in the designated box. Upon completion, please sign and return this Form along with your completed Enrollment Application to William Thoreson.

Life:

During the past 5 years, have you (or anyone proposed for coverage) been diagnosed or treated by a member of the medical profession for any of the following: heart condition; cancer; chronic/recurrent respiratory disease; diabetes; kidney or liver disease; or Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)? **(For residents of Florida, Maine, Minnesota, North Carolina and Vermont please see second page for your state specific question.)**

Employee ☐ Yes ☐ No Spouse ☐ Yes ☐ No

During the past 5 years, have you (or anyone proposed for coverage) been declined for any life insurance coverage?

Employee ☐ Yes ☐ No Spouse ☐ Yes ☐ No

NOTICE

I hereby certify that the above answers are complete and true to the best of my knowledge and belief concerning the past and present state of health and medical history of the person(s) to whom the answers relate. I agree that this document and all its contents shall form a part of my enrollment request for group benefits.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. This information may be used by the Hartford Life and Accident Insurance Company for plan administration purposes to decide if the person(s) is/are eligible for coverage.

EMPLOYEE'S SIGNATURE
(Required)
or Legal representative to Applicant

DATE SIGNED
Relationship: _____

SPOUSE'S SIGNATURE (Required
only if applying for Life Coverage)
or Legal representative to Spouse

DATE SIGNED
Relationship: _____

For residents of the following states, please read the specific statutory language and respond on the first page:

Florida:

During the past 5 years, have you (or anyone proposed for coverage) been diagnosed or treated by a member of the medical profession for any of the following: heart condition; cancer; chronic/recurrent respiratory disease; diabetes; kidney or liver disease? Has anyone proposed for coverage ever tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?

Maine:

During the past 5 years, have you (or anyone proposed for coverage) been diagnosed or treated by a member of the medical profession for any of the following: heart condition; cancer; chronic/recurrent respiratory disease; diabetes; kidney or liver disease; or Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)? **(In response to this question, you are not required to disclose whether you have been tested for HIV if you have not developed symptoms of the disease AIDS or ARC in response to this question.)**

Minnesota:

During the past 5 years, have you (or anyone proposed for coverage) been diagnosed or treated by a member of the medical profession for any of the following: heart condition; cancer; chronic/recurrent respiratory disease; diabetes; kidney or liver disease; or Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)? NOTE: YOU NEED NOT DISCLOSE AN HIV (AIDS VIRUS) TEST WHICH WAS ADMINISTERED: (1) TO A CRIMINAL OFFENDER OR CRIMINAL VICTIM AS A RESULT OF A CRIME THAT WAS REPORTED TO THE POLICE; (2) TO A PATIENT WHO RECEIVED THE SERVICES OF EMERGENCY MEDICAL SERVICES PERSONNEL AT A HOSPITAL OR MEDICAL CARE FACILITY; (3) TO EMERGENCY MEDICAL PERSONNEL WHO WERE TESTED AS A RESULT OF PERFORMING EMERGENCY MEDICAL SERVICES.

North Carolina:

During the past 5 years, have you (or anyone proposed for coverage) been diagnosed or treated by a member of the medical profession for any of the following: heart condition; cancer; chronic/recurrent respiratory disease; diabetes; kidney or liver disease; or Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)?

“AIDS-Related Complex (ARC)” is a condition with signs and symptoms which may include generalized lymphadenopathy (swollen lymph nodes), loss of appetite, weight loss, fever, oral thrush, skin rashes, unexplained infections, dementia, depression, or other psychoneurotic disorders with no known cause. “Disorder of the Immune System” includes the hyperimmune conditions, disorders of gammaglobulin synthesis (hypogammaglobulinemia), of white blood cell production and maturation, and the immune-deficiency disorders both congenital and acquired. Also included in disorders of immunity are lupus erythematosis, Grave’s Disease, rheumatoid arthritis, primary biliary cirrhosis, and others.

Vermont:

During the past 5 years, have you (or anyone proposed for coverage) been diagnosed or treated by a member of the medical profession for any of the following: heart condition; cancer; chronic/recurrent respiratory disease; diabetes; kidney or liver disease? Have you been diagnosed as having or been treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC) by a licensed medical physician?